

## Supplemental Insurance Reporting Form Health Insurance Premiums Written in the State of Maine

**Company Name:** \_\_\_\_\_  
**NAIC #:** \_\_\_\_\_  
**Report for Year:** \_\_\_\_\_  
**Address1:** \_\_\_\_\_  
**Address2:** \_\_\_\_\_  
**City - State - Zip:** \_\_\_\_\_  
City State Zip

**Completed By:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_  
**E-Mail Address:** \_\_\_\_\_

This form supplements the Annual Statement blank for Life & Health companies (blue blank), Property & Casualty companies (yellow blank), Health companies (orange blank), and Fraternal (brown blank).

**The form for each calendar year is due on April 1 of the following year.**

Description	Column 1 Group	Column 2 Individual
1. Disability Income		
2. Medical – Large group (>50)		XXX
3. Medical – Small group (<=50)		XXX
4. Medical – Individual	XXX	
5. Dental		
6. Medicare supplement		
7. Long-term care, nursing home care, & home health care		
8. CHAMPUS supplement		
9. Cancer & Dread Disease		
10. Federal Employees Health Benefit Plan		XXX
11. Stop Loss		
12. Short Term Medical		
13. All other		
<b>14. Sub-Total</b>	<b>0.00</b>	<b>0.00</b>
15. Credit Disability		
<b>16. Grand Total</b>	<b>0.00</b>	<b>0.00</b>

**For Life & Health companies: (blue blank)**

Line 10, column 1 must equal page 25 (state page), Line 24.1, column 1  
 Line 14, column 1, must equal page 25 (state page), sum of lines 24 and 24.1, column 1  
 Line 14, column 2, must equal page 25 (state page), sum of lines 24.3, 24.4, and 25.6, column 1  
 Line 15, column 1 plus Line 15, column 2 must equal page 25 (state page), Line 24.2, column 1

**For Property & Casualty companies: (yellow blank)**

Line 10, column 1, must equal page 20 (state page), 15.8, column 1  
 Line 14, column 1, must equal page 20 (state page), sum of lines 13, and 15.8, column 1  
 Line 14, column 2, must equal page 20 (state page), sum of lines 15.1 through 15.7, column 1  
 Line 15, column 1 plus Line 15, column 2 must equal page 20 (state page), Line 14, column 1

**For Health companies: (orange blank)**

Sum of Lines 2 and 3, column 1 must equal page 30, Line 12, column 3  
 Line 4, column 2 must equal page 30, Line 12, column 2  
 Line 5, column 1 plus Line 5, column 2 must equal page 30, line 12, column 6  
 Line 6, column 1 plus Line 6 column 2 must equal page 30, line 12, column 4  
 Line 10, column 1 must equal page 30, Line 12, column 7  
 Line 13, column 1 plus Line 13 column 2 must equal page 30, line 12, total of columns 5, 8, 9 & 10  
 Line 16, column 1 plus Line 16, column 2 must equal page 30, Line 12, column 1

**For Fraternal benefit societies: (brown blank)**

Line 14, sum of columns 1 and 2, must equal page 24, line 26, column 1 (Direct Premiums).

updated 03-11-08